

City of Charleston Recreation Department

Charleston Gymnastics Training Center Registration Form

Gymnastics Training Center
1088 Quail Drive
Charleston, SC 29412
843-720-3895 phone
843-762-6090 fax

FOR OFFICE USE ONLY

City: _____ Non City: _____
Reg. Fee: _____ Insurance: _____
Tuition: _____
CK#/CASH: _____
Date Paid: _____ Receipt#: _____
Staff: _____

Male _____ Female _____ Child's current age: _____ Date of Birth _____ / _____ / _____

Player's Legal Name _____
(As appears on Birth Certificate) FIRST MIDDLE LAST

Home Phone Number _____ Email: _____

Street Address _____ Apartment Number _____

City _____ Zip Code _____ Subdivision/APT Complex _____

Emergency Name & Number _____

Mother's Name _____ Work Number _____

Father's Name _____ Work Number _____

Are you a resident of the City of Charleston? Yes _____ No _____ Staff verification of residency _____

Class Information: 1st choice: _____ 2nd choice _____ Level: _____

Gymnastics experience: _____

INSURANCE INFORMATION

All participants must register and have insurance before participating in any classes or competitions.

_____ I want my child insured by the policy offered through the Department of Recreation at a cost of \$8.50 per participant. Coverage runs from March 1 to February 28

_____ I have my own accident insurance coverage with _____
(Insurance Company Name)

_____ I, the undersigned, do hereby give approval for my child to participate in the above sport of gymnastics. I also acknowledge that the City of Charleston Recreation Department will issue no refunds if you choose to not have registrant participate before or during the session for whatever the cause. I also agree to be responsible for any uniform or equipment issued to registrant and will return in a timely manner. I understand failure to do so will result in financial responsibility to replace such items.

PARENT OR LEGAL GUARDIAN

DATE

DEPARTMENT OF RECREATION STAFF

Release of Liability for Minor Participants

Read before signing

IN CONSIDERATION OF _____, my minor child/ward ("my child"), being allowed to participate in any way in the City of Charleston, Department of Recreation program; related events, travel, and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I myself, my spouse, my child, and on behalf of my/our heirs, as agent, personal representatives and next of kin, HEREBY RELEASE THE other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (HEREIN AFTERWARDS REFERRED TO AS "RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
3. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,
4. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,
5. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participant in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARY WITHOUT ANY INDUCEMENT.

X _____
(PARENT/GUARDIAN SIGNATURE) (PRINTED NAME) DATE SIGNED

UNDERSTANDING OF RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

X _____
(PARENT/GUARDIAN SIGNATURE) (PRINTED NAME) DATE SIGNED

EMERGENCY INFORMATION AND CONSENT

Given to and carried by Coach/Staff for emergency situations

Participant's Name _____ Nickname _____

Address _____ City _____

Home Phone _____ Cell Phone: _____

Mother's Name _____ Employer _____

Work Address _____ City _____

Work Phone _____ Fax Phone _____

Father's Name _____ Employer _____

Work Address _____ City _____

Work Phone _____ Fax Phone _____

Family Physician Name _____

Work Phone _____ City _____

Allergies (list all) _____

Medical Conditions _____

I/we hereby grant consent to any and all Health Care Providers designated by City of Charleston, Department of Recreation to provide my child _____

Any necessary care as result of any injury/illness. This consent includes First Aid and transportation to/from Health Care Providers by Coach or Emergency Services.

DATE

PARENT SIGNATURE

Please list 3 names of whom you release consent to pick your child up from practices or meets:

1. _____ Home Phone: _____ Cell Phone: _____

2. _____ Home Phone: _____ Cell Phone: _____

3. _____ Home Phone: _____ Cell Phone: _____

IMAGE RELEASE

In consideration of _____, my minor child/ward being allowed to participate in any way in the City of Charleston, Department of Recreation Program, related events and activities, the undersigned agrees that such participants likeness may be photographed or videotaped and that such image may be published in an outlet used to promote or publicize the program.

DATE

PARENT SIGNATURE

City of Charleston Department of Recreation

Parent's Code of Ethics

I hereby pledge to provide positive support, care and encouragement for my child participating in gymnastics by following this Parent's, Code of Ethics:

I will encourage good sportsmanship by demonstrating positive support for all players, coaches, officials at all youth sports events.

I will place the emotional and physical well being of my child ahead of my personal desire to win and compete.

I will insist that my child participate in a safe and healthy environment.

I will require that my child's coach be trained in the responsibilities of being a gymnastics coach and that the coach upholds the Coaches code of ethics.

I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.

I will demand a sports environment for my child that is free from drugs, tobacco and alcohol and will refrain from their use at all youth sports events.

I will do my very best to make gymnastics fun for my child.

I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.

Childs Name: _____ Parents Name: _____

Date: _____ Parents Signature: _____

I agree to the following Rules and Policies of the Charleston Gymnastics Training Center:

- _____ I fully understand that no refunds will be given to participants that choose to drop out of any program, class, session or camp for whatever reason.
- _____ I fully understand that payments are to be made on a timely basis. If payments are not received in a timely basis child will be removed from classes, camps or program.
- _____ I fully understand that I may not get first choice of class and the Gymnastics Coordinator will make class assignments as needed. Class schedules are subject to change based on registration.
- _____ I have read and understand the Rules and Policies as set forth by the CCGTC. I agree to comply with those rules and policies.

PARENT OR LEGAL GUARDIAN

DATE